

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-036160

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9417**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		c. CITY OR TOWN UNIVERSITY CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MISSOURI BAPTIST HOSP.		d. STREET ADDRESS (If outside, give location) 1481 N. HANLEY RD	
3. NAME OF DECEASED (Type or print) First Middle Last THOMAS J FREDRICKSON SR		4. DATE OF DEATH Month Day Year SEPT 29 1962	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH SEPT 30 1906
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED LATHER		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) HUMBOLT KAN		12. CITIZEN OF WHAT COUNTRY U-S-A	
13a. FATHER'S NAME LARS FREDRICKSON		13b. MOTHER'S MAIDEN NAME LAVINA Wenderkind	
14. NAME OF HUSBAND OR WIFE CATHERINE FREDRICKSON		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLD WAR I	
16. SOCIAL SECURITY NO.		17. INFORMANT CATHERINE FREDRICKSON 1481 N. HANLEY	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction 2 mos DUE TO (b) Arteriosclerotic heart disease DUE TO (c) disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 420.0 PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 8-2-61 to 9-24-1962 and last saw him alive on 9-24-62 Death occurred at 9 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Richard H. Hoyer MD		22b. ADDRESS 3720 Washington	
22c. DATE SIGNED 10-1-62		23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	
23b. DATE OCT 4 1962		23c. NAME OF CEMETERY OR CREMATORY NEW ST. MARCUS CEMETERY	
23d. LOCATION (City, town, or county) ST. LOUIS		(State) MO.	
24. FUNERAL DIRECTOR Thomas Kutis 2906 Grovois		25. DATE RECD. BY LOCAL REG. OCT 2 1962	
26. REGISTRAR'S SIGNATURE Paul Smith		STATE MO.	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

Sunset Burial Park Cem.

New St. Marcus Cem.

23c

BY AFFIDAVIT OF Funeral Director

MEDICAL CERTIFICATION

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

1

3

4 0

5 1

6

7 1

8 2

9

10

11

12 68-0

13

68

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

3720 Washington Ave
Je 3-1057
2
330 Monday